

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 70/817 555

FILED DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1													
2	1												
3													
4													
5													
6													
7													
8													
9													
10		2											
11													
12		1											
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													